

**ENGLISH Family Survey** 

O More than 1 year

# YOUTH SERVICES SURVEY FOR FAMILIES\* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE**: Correct

Please answer the following questions based on the last 6 months <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

START	
HERE	

A	approximately,	how long	has your	child	received	services	here?
	11 /		, ,				

- O This is my child's first visit here. O 1 2 Months
- O My child has had more than one visit but has O 3 5 Months
- received services for less than one month. O 6 months to 1 ye

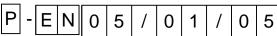
received services for less than	one month.	O 6 months to 1 year				
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	t. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
<ul><li>21. I am satisfied with our family life right now.</li><li>22. Please provide comments here and /or on the back of the</li></ul>	O us form, if r	O needed.	0	0	0	0

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

\*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS). It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

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#### **ENGLISH** Please answer the following questions to let us know a Family Survey little about your child. **1.**) What is your child's gender? Female O Male Other **2.**) Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O<sub>No</sub> O Unknown What is your child's race? (Mark all that apply.) O Unknown O White / Caucasian O American Indian / Alaskan Native O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other **4.**) What is your child's date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.) Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: Date of Birth (mm-dd-yyyy) 1. Write in your 04-30-1987 child's date 0 $\odot$ 0 0 0 0① ① ② ② of birth 0 0 0000 00 00 2 22 2222 00 00 2 3333 3 2. Fill in the corresponding 6 6 6 00 00 circles 6 6 00 6 (7)(7)00 00 88 8 99 **9 9** 00 00 (5.) In the past MONTH, how many times was your child arrested for any crimes? O 1 arrest O 2 arrests O No arrests O 3 arrests O 4 or more arrests 6. How often was your child absent from school during the last MONTH? O More than 10 days O Do not remember O 1 day or less O 3 to 5 days O 6 to 10 days O 2 days O Not applicable / Not in school **7.**) Were the services your child received provided in the language he / she preferred? O Yes (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes **9.**) Please identify who helped you complete any part of this survey (Mark all that apply): O I did not need any help. O A professional interviewer helped me. O A mental health advocate / volunteer helped me. O My child's clinician / case manager helped me. O Another mental health consumer helped me. O A staff member other than my child's clinician or case manager helped me. O A member of my family helped me. O Someone else helped me. Who?: Thank you for taking the time to answer these questions! **FOR OFFICE USE ONLY: Optional County Questions: REQUIRED** Information: County Question #1 (mark only ONE bubble): **County Code:** $\bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 04 \bigcirc 05 \bigcirc 06 \bigcirc 07 \bigcirc 08 \bigcirc 09 \bigcirc 10$ O 11 O 12 O 13 O 14 O 15 O 16 O 17 O 18 O 19 O 20 **Date of Survey Administration:** 0 0 5 County Question #2 (mark only ONE bubble): O 01 O 02 O 03 O 04 O 05 O 06 O 07 O 08 O 09 O 10 Reason (if applicable): O 11 O 12 O 13 O 14 O 15 O 16 O 17 O 18 O 19 O 20 Ref O Imp 🔾 Lan O Oth O County Question #3 (mark only ONE bubble): O 01 O 02 O 03 O 04 O 05 O 06 O 07 O 08 O 09 O 10 O 11 O 12 O 13 O 14 O 15 O 16 O 17 O 18 O 19 O 20 Make sure the same CSI County Client Number is written on all pages of this survey.



CSI County Client Number

\*Must be entered on EVERY page\*



**ENGLISH Youth Survey** 



## YOUTH SERVICES SURVEY\* (YSS)

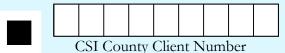
Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. *EXAMPLE*: Correct Incorrect

Please answer the following questions based on the **last 6 months** <u>OR</u> if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Disagree**, **Disagree**, are **Undecided**, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

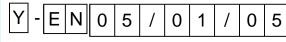
START HERE	Approximately, how long have you O This is my first visit here. O I have had more than one visit by received services for less than on	O 1 O 3	- 2 Months - 5 Months months to 1		O More than 1 year		
		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am sa	tisfied with the services I received.	0	0	0	0	0	0
2. I helped to cho	ose my services.	0	0	0	0	0	0
3. I helped to cho	ose my treatment goals.	0	0	0	0	0	0
4. The people help	ping me stuck with me no matter what.	0	0	0	0	0	0
5. I felt I had som	neone to talk to when I was troubled.	0	0	0	0	0	0
6. I participated in	n my own treatment.	0	0	0	0	0	0
7. I received servi	ces that were right for me.	0	0	0	0	0	0
8. The location of	services was convenient.	0	0	0	0	0	0
9. Services were a	vailable at times that were convenient for	r me. O	0	0	0	0	0
10. I got the help I	wanted.	0	0	0	0	0	0
11. I got as much l	help as I needed.	0	0	0	0	0	0
12. Staff treated m	e with respect.	0	0	0	0	0	0
13. Staff respected	my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke wit	th me in a way that I understood.	0	0	0	0	0	0
15. Staff were sens	sitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result	of the services I received:						
16. I am better at h	nandling daily life.	0	0	0	0	0	0
17. I get along bett	ter with family members.	0	0	0	0	0	0
18. I get along bette	er with friends and other people.	0	0	0	0	0	0
19. I am doing bet	ter in school and / or work.	0	0	0	0	0	0
20. I am better able	e to cope when things go wrong.	0	0	0	0	0	0
22. Please provide	rith my family life right now. comments here and /or on the back of t ed in both positive and negative feedback		O needed.	0	0	0	0

\*Molly Brunk, Ph.D., 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS). It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey.

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\*\*\*Must be entered on EVERY page\*







Please answer the following question a little about you.	ons to let us know Youth Survey
(1.) What is your gender? O Female O Male O Other	
(2.) Are you of Mexican / Hispanic / Latino origin? O Ye	es O No O Unknown
What is your race? (Mark all that apply.)  O White / Caucasian O American Indian / A  O Black / African American O Native Hawaiian / O  O Asian O Other	
Date of Birth (mm-dd-yyyy)	EXAMPLE: Date of birth on April 30, 1987:  Date of Birth (mm-dd-yyyy)  1. Write in your date of birth  2. Fill in the corresponding circles  Date of Birth (mm-dd-yyyy)  1. Write in your date of birth  2. Fill in the corresponding circles
<b>5.</b> In the <b>past MONTH</b> , how many times have you been arrest O No arrests O 1 arrest O 2 arrests O 3 arr	
How often were you absent from school during the last  O 1 day or less O 2 days O More than 10 O 2 days O 6 to 10 days O Not applicable	MONTH? days O Do not remember
<b>7.</b> Were the services you received provided in the language you	prefer? O Yes O No
O A mental health advocate / volunteer helped me. O Another mental health consumer helped me. O A	fer? O Yes O No
Thank you for taking the time	to answer these questions!
FOR OFFICE	USE ONLY:
REQUIRED Information:	Optional County Questions:
County Code:  Date of Survey Administration:	County Question #1 (mark only ONE bubble):  01 02 03 04 05 06 07 08 09 01 011 012 013 014 015 016 017 018 019 020
0 5 - 2 0 0 5  Reason (if applicable):	County Question #2 (mark only ONE bubble):  O 01 O 02 O 03 O 04 O 05 O 06 O 07 O 08 O 09 O 10 O 11 O 12 O 13 O 14 O 15 O 16 O 17 O 18 O 19 O 20
Make sure the same CSI County Client Number	County Question #3 (mark only ONE bubble):  O 01 O 02 O 03 O 04 O 05 O 06 O 07 O 08 O 09 O 10 O 11 O 12 O 13 O 14 O 15 O 16 O 17 O 18 O 19 O 20
is written on all pages of this survey.	18111

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CSI County Client Number
\*\*\*Must be entered on EVERY page\*\*\*



ENGLISH Adult Survey

### **ADULT SURVEY**

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. For each survey item below, please fill in the circle that corresponds to your choice.

Please fill in the circle completely.

EXAMPLE: Correct Incorrect

## **MHSIP Consumer Survey\*:**

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree**, **Agree**, are **Neutral**, **Disagree**, or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

START	
<i>HERE</i>	

Approximately, how long have you received services here?

O This is my first visit here.

O 1 - 2 Months O 3 - 5 Months

O More than 1 year

O I have had more than one visit but I have received services for less than one month.

O 6 months to 1 year

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	O	0	0	0	0	0
2. If I had other choices, I would still get services from this agency.	0	0	0	0	0	0
<ol><li>I would recommend this agency to a friend or family member.</li></ol>	0	0	0	0	0	0
<ol> <li>The location of services was convenient (parking, public transportation, distance, etc.).</li> </ol>	0	0	0	0	0	0
5. Staff were willing to see me as often as I felt it was necessary.	0	0	0	0	0	0
6. Staff returned my calls within 24 hours.	0	0	0	0	0	0
7. Services were available at times that were good for me.	0	0	0	0	0	0
8. I was able to get all the services I thought I needed.	0	0	0	0	0	0
9. I was able to see a psychiatrist when I wanted to.	0	0	0	0	0	0
10. Staff here believe that I can grow, change and recover.	0	0	0	0	0	0
11. I felt comfortable asking questions about my treatment and medication.	0	0	0	0	0	0
12. I felt free to complain.	0	0	0	0	0	0
13. I was given information about my rights.	0	0	0	0	0	0
14. Staff encouraged me to take responsibility for how I live my life.	0	0	0	0	0	0
15. Staff told me what side effects to watch out for.	0	0	0	0	0	0
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	0	0	0	0	0	0
17. I, not staff, decided my treatment goals.	0	0	0	0	0	0
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	0	0	0	0	0	0
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	0	0	0	0	0	0
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	0	0	0	0	0	0

\*The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

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ENGLISH Adult Survey



						i <b></b>		
As a direct result of the services I received:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable		
21. I deal more effectively with daily problems.	0	0	0	0	0	0		
22. I am better able to control my life.	0	0	0	0	0	0		
23. I am better able to deal with crisis.	0	0	0	0	0	0		
24. I am getting along better with my family.	0	0	0	0	0	0		
25. I do better in social situations.	0	0	0	0	0	0		
26. I do better in school and /or work.	0	0	0	0	0	0		
27. My housing situation has improved.	0	0	0	0	0	0		
28. My symptoms are not bothering me as much.	0	0	0	0	0	0		
29. Please provide comments here and /or on the back of t We are interested in both positive and negative feedback	his form, if 1 k.	needed.						
Quality of Life Questions:  Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose Not Applicable if the question does not apply to you								

only one circle for each question. For some questions, you may choose Not Applicable if the question does not apply to you.							
General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	0	0	0	0	0	0	0
Living Situation							
<ol><li>Think about your current living situation.</li><li>How do you feel about:</li></ol>	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	0	0	0	0	0	0	0
B. The privacy you have there?	0	0	0	0	0	0	0
C. The prospect of staying on where you currently live for a long period of time?	0	0	0	0	0	0	0
Daily Activities & Functioning							
3. Think about how you spend your spare time.  How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	0	0	0	0	0	0	0
B. The chance you have to enjoy pleasant or beautiful things?	0	0	0	0	0	0	0
C. The amount of fun you have?	0	0	0	0	0	0	0
D. The amount of relaxation in your life?	0	0	0	0	0	0	0
Family							
4. In general, how often do you get together with a member	•	•	. 11				
O at least once a day O at least once a mor O at least once a week O less than once a mor			) not at all ) no family /	not appli	cable		
	rible Unhap	Mo Dissa		Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	0 0	C	0	0	0	0	0
B. The way things are in general between you and your	0 0	С	0	0	0	0	0
family?			CON	TINUE	ED ON I	NEXT P	PAGE
						49283	

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CSI County Client Number
\*\*\*Must be entered on EVERY page\*\*\*

#### **Social Relations**

6. About how often do you do the following?										
A. Visit with someone who does not live w			.1			0	11			
O at least once a day O at least once a week	O at leas O less th		a month e a montl	1			ot at all ot applic	able		
B. Spend time with someone you consider:					e, a boy	friend	or a girli	riend?		
O at least once a day	O at leas	st once	a month	_	, ,	O r	not at all			
O at least once a week			e a montl	1	lostly		not applic			. Not
7. How do you feel about:	Т	errible	Unhappy		satisfied	Mixed	l Mostly Satisfie	d Pleased	l Delight	Applicable
A. The things you do with other people?		0	0	(	0	0	0	0	0	0
B. The amount of time you spend with other	people?	0	0	(	0	0	0	0	0	0
C. The people you see socially?		0	0	(	0	0	0	0	0	0
D. The amount of friendship in your life?		0	0	(	0	0	0	0	0	0
<u>Finances</u>										
8. During the past month, did you generally have following items?	enough n	noney to	o cover th		No Y	Yes				
A. Food?						0				
B. Clothing?						0				
C. Housing?						0				
D. Traveling around for things like shopping	ng, medica	ıl appoi	ntments,	or	0	0				
visiting friends and relatives?	<u>G</u> .	* *								
E. Social activities like movies or eating in	restaurants	s?			0	0				
Legal & Safety										
9. In the past MONTH, were you a victim of:				1	No Y	es				
A. Any violent crimes such as assault, rape, r	nugging o	r robbe	ry?	(	0 (	<b>O</b>				
B. Any nonviolent crimes such as burglary, to or money, or being cheated?	heft of you	ur prop	erty	(	0 (	Э				
10. In the past MONTH, how many times have y	ou been a	rrested	for any c	rimes	s?					
O No arrests O 1 arrest O 2 arrests	O 3	arrests	O 4	or n	nore arr	ests				
11. How do you feel about:		Terri			Dissaus			Mostly Satisfied		Delighted
A. How safe you are on the streets in your n	eighborho	od; O			0		0	0	0	0
B. How safe you are where you live?	. 1 1	0		)	0		0	0	0	0
C. The protection you have against being roor attacked?	obea	0		) 	0		0	0	0	0
<u>Health</u>										
12. How do you feel about:		Terri	ble Unh	appy	Most Dissatis		Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?		0		)	0		0	0	0	0
B. Your physical condition?		0		)	0		0	0	0	0
C. Your emotional well-being?		0		)	0		0	0	0	0

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Please answer the following question a little about you.	ns to let us know  Adult Survey						
1.) What is your gender? O Female O Male O Oth	er						
2. Are you of Mexican / Hispanic / Latino origin?	Yes O No O Unknown						
What is your race? (Please check all that apply.)  O White / Caucasian O American Indian / O Black / African American O Native Hawaiian / O Asian O Other							
Date of Birth (mm-dd-yyyy)	ND fill in the circles that correspond. See Example.)  EXAMPLE: Date of birth on April 30, 1967:  Date of Birth (mm-dd-yyyy)  1. Write in your date of birth  2. Fill in the corresponding circles  2. Fill on the corresponding circles						
(5.) Were the services you received provided in the language you prefer? O Yes O No							
Was written information (e.g., brochures describing available education materials) available to you in the language you procharge the second of the second o	. 0						
What was the primary reason you became involved with the O I decided to come in on my own. O Someone else recommended that I come in. O I came in against my will.	is program? (Choose one):						
O A mental health advocate / volunteer helped me. O Another mental health consumer helped me.	A professional interviewer helped me.  My clinician / case manager helped me.  A staff member other than my clinician or case manager helped me.  Someone else helped me. Who?:						
Thank you for taking the time	e to answer these questions!						
FOR OFFICE	USE ONLY:						
<b>REQUIRED Information:</b>	Optional County Questions:						
County Code:  Date of Survey Administration:	County Question #1 (mark only ONE bubble):  O 01 O 02 O 03 O 04 O 05 O 06 O 07 O 08 O 09 O 10 O 11 O 12 O 13 O 14 O 15 O 16 O 17 O 18 O 19 O 20						
0 5 - 2 0 0 5  Reason (if applicable):	County Question #2 (mark only ONE bubble):  O 01 O 02 O 03 O 04 O 05 O 06 O 07 O 08 O 09 O 10 O 11 O 12 O 13 O 14 O 15 O 16 O 17 O 18 O 19 O 20						
Ref O Imp O Lan O Oth O  Make sure the same CSI County Client Number is written on all four pages of this survey.	County Question #3 (mark only ONE bubble):  0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20						
CSI County Client Number ***Must be entered on EVERY page***  Pag	49283 e 4 of 4						



**ENGLISH Older Adult Survey** 



**OLDER ADULT SURVEY** 

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. For each survey item below, please fill in the circle that corresponds to your choice.

Please fill in the circle completely.

**EXAMPLE:** Correct

Incorrect X

## **MHSIP Consumer Survey\*:**

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly** Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each of the statements below. If the question is about something you have not experienced, fill in the circle for Not Applicable to indicate that this item does not apply to you.

START	
HFRF	

#### Approximately, how long have you received services here?

O This is my first visit here.

01 - 2 Months

O More than 1 year

O I have had more than one visit but I have received services for less than one month.

O 3 - 5 Months

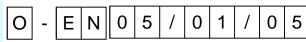
O 6 months to 1 year

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	0	0	0	0	0	0
2. If I had other choices, I would still get services from this agency.	0	0	0	0	0	0
3. I would recommend this agency to a friend or family member.	0	0	0	0	0	0
4. The location of services was convenient (parking, public transportation, distance, etc.).	0	0	0	0	0	0
5. Staff were willing to see me as often as I felt it was necessary.	0	0	0	0	0	0
6. Staff returned my calls within 24 hours.	0	0	0	0	0	0
7. Services were available at times that were good for me.	0	0	0	0	0	0
8. I was able to get all the services I thought I needed.	0	0	0	0	0	0
9. I was able to see a psychiatrist when I wanted	to. O	0	0	0	0	0
10. Staff here believe that I can grow, change and recover.	0	0	0	0	0	0
11. I felt comfortable asking questions about my treatment and medication.	0	0	0	0	0	0
12. I felt free to complain.	0	0	0	0	0	0
13. I was given information about my rights.	0	0	0	0	0	0
14. Staff encouraged me to take responsibility for how I live my life.	0	0	0	0	0	0
15. Staff told me what side effects to watch out for	or. O	0	0	0	0	0
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	0	0	0	0	0	0
17. I, not staff, decided my treatment goals.	0	0	0	0	0	0

\*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

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Page 1 of 4





ENGLISH	
Older Adult Survey	

_							<u> </u>		
		Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable		
18.	Staff were sensitive to my cultural background (race, religion, language, etc.).	d 0	0	0	0	0	0		
	Staff helped me obtain the information I needed so that I could take charge of managing my illness.	0	0	0	0	0	0		
	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	0	0	0	0	0	0		
<u>As</u>	a direct result of the services I received	<u>l:</u>							
21.	I deal more effectively with daily problems.	0	0	0	0	0	0		
22.	I am better able to control my life.	0	0	0	0	0	0		
23.	I am better able to deal with crisis.	0	0	0	0	0	0		
24.	I am getting along better with my family.	0	0	0	0	0	0		
25.	I do better in social situations.	0	0	0	0	0	0		
26.	I do better in school and /or work.	0	0	0	0	0	0		
27.	My housing situation has improved.	0	0	0	0	0	0		
28.	My symptoms are not bothering me as much	. 0	0	0	0	0	0		
29.	Please provide comments here and /or on the We are interested in both positive and negative	e back of ve feedba	this for ck.	m, if need	ded.				

## **Quality of Life Questions:**

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	0	0	0	0	0	0	0
Living Situation  2. Think about your current living situation. How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The living arrangements where you live?	0	0	0	0	0	0	0
B. The privacy you have there?	0	0	0	0	0	0	0
C. The prospect of staying on where you currently live for a long period of time?	0	0	0	0	0	0	0

**CONTINUED ON NEXT PAGE...** 







ENGLISH
Older Adult Surve

Daily Activities & Functioning									
3. Think about how you spend your spare time. How do you feel about:	ne. <sub>T</sub>	l'errible	Unhapp		ostly atisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?		0	0	(	<b>O</b>	0	0	0	0
B. The chance you have to enjoy pleasant or beautiful things?		0	0		)	0	0	0	0
C. The amount of fun you have?		0	0		0	0	0	0	0
D. The amount of relaxation in your life?		0	0		0	0	0	0	0
Family									
4. How do you feel about:	Terrible	Unhapp		Aostly satisfied	Mixed	Mostly Satisfie		Delighted	Not Applicable
A. The way you and your family act toward each other?	1 0	0		0	0	0	0	0	0
B. The way things are in general between you and your family?	0	0	ı	0	0	0	0	0	0
Social Relations	T 11	***	M	lostly	Mixed	Mostly	D11	Dallaha d	Not
J. How do you leef about.		Unhapp	y Diss	satisfied		Satisfie	d	Delighted	Applicable
A. The things you do with other people?	0	0	(	0	0	0	0	0	0
B. The amount of time you spend with other people?	0	0	(	C	0	0	0	0	0
C. The people you see socially?	0	0	(	С	0	0	0	0	0
D. The amount of friendship in your life?	0	0	(	)	0	0	0	0	0
Legal & Safety									
6. In the past MONTH, were you a victim of:		_					es		
A. Any violent crimes such as assault, rape	e, mug	gging or	robb	pery?		0	0		
B. Any nonviolent crimes such as burglary or money, or being cheated?	, thef	t of you	ır pro	perty		0	0		
7. In the past MONTH, how many times have you been arrested for any crimes?									
O No arrests O 1 arrest O 2 arrests		3 arrests				e arres			
8. How do you feel about:	Ter	rible Un	happy	Most Dissatis		lixed	Mostly Satisfied	Pleased I	Delighted
A. How safe you are on the streets in your neighborhood?	r (	0	0	0		0	0	0	0
B. How safe you are where you live?	(	C	0	0		0	0	0	0
C. The protection you have against being robbed or attacked?	(	0	0	0		0	0	0	0
<u>Health</u>									
9. In general, would you say your health is:	1 .	o.c.	_						
O excellent O very good O goo		O fair	Οp	OOT  Mostl	v		Mostly	<b>.</b>	
10. How do you feel about:			happy	Dissatis			atisfied	Pleased D	elighted
A. Your health in general?			0	0		0	0	0	0
B. Your physical condition?	C		0	0		0	0	0	0
C. Your emotional well-being?	C		0	0			O ED ON		O
					CON	NIINU	ED UN	NEXT 1	PAGE







Please answer the following question a little about you.	ENGLISH Older Adult Survey					
(1.) What is your gender? O Female O Male	Other					
2. Are you of Mexican / Hispanic / Latino origin	n? OYes ONo OUnknown					
What is your race? (Please check all that apply.)  O White / Caucasian O American In  O Black / African American O Native Hawa  O Asian O Other	dian / Alaskan Native O Unknown niian / Other Pacific Islander					
( •• /	AND fill in the circles that correspond. See Example.)					
Date of Birth (mm-dd-yyyy)	EXAMPLE: Date of birth on April 30, 1937:  Date of Birth (mm-dd-yyyy)  1. Write in your date of birth  04 - 30 - 1937   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
<b>5.</b> Were the services you received provided in the	language you prefer? O Yes O No					
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No						
7. What was the primary reason you became involved with this program? (Choose one):  O I decided to come in on my own. O Someone else recommended that I come in. O I came in against my will.  Please identify who helped you complete any part of this survey (Choose all that apply): O I did not need any help. O A mental health advocate / volunteer helped me. O A member of my family helped me. O A member of my family helped me. O A professional interviewer helped me. Thank you for taking the time to answer these questions!						
FOR OFFICE	USE ONLY:					
REQUIRED Information:	Optional County Questions:  County Question #1 (mark only ONE bubble):					
County Code:  Date of Survey Administration:	O 01 O 02 O 03 O 04 O 05 O 06 O 07 O 08 O 09 O 10 O 11 O 12 O 13 O 14 O 15 O 16 O 17 O 18 O 19 O 20					
0 5 - 2 0 0 5  Reason (if applicable):	County Question #2 (mark only ONE bubble):         O 01       O 02       O 03       O 04       O 05       O 06       O 07       O 08       O 09       O 10         O 11       O 12       O 13       O 14       O 15       O 16       O 17       O 18       O 19       O 20					
Ref O Imp O Lan O Oth O	County Question #3 (mark only ONE bubble):  ○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10					
Make sure the same CSI County Client Number is written on all four pages of this survey.	O 11 O 12 O 13 O 14 O 15 O 16 O 17 O 18 O 19 O 20					
	32724 e 4 of 4					